

and fingers. They are unfortunately named as they have nothing to do with the tendon sheaths or synovial sacks. On being punctured a thick syrupy fluid like synovia escapes, and the little tumor collapses only to refill. This inveterate tendency to recur under inefficient treatment may cause it to be considered malignant, and may give rise to a deal of unnecessary worry.

Granuloma pyogenicum also acts and looks strikingly like a malignant tumor; its tendency to recur and its tendency to bleed are both causes of great anxiety, at least to the patient. When it occurs on the lower lip, a favorite situation, it undoubtedly is frequently mistaken for an epithelioma. Admirable illustrations are given of both these affections.

Among other diseases not mentioned in treatises on dermatology, there is a chapter on the lesions of the skin and mucous membranes of "foot and mouth disease" with three beautifully colored plates.

To recur to the subject of photographs, the racial feature in Sutton's work is something not commonly met with. There are photographs of cutaneous troubles in Indians, negroes and caucasians, furnishing an interesting study in themselves.

D. W. M.

Diseases of the Eye. By George E. deSchweinitz, M.D., LL.D., Professor of Ophthalmology in the University of Pennsylvania. Eighth edition, thoroughly revised and enlarged. Octavo of 754 pages, 386 text illustrations, and seven lithographic plates. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$6.00 net; half morocco, \$7.50 net.

In the latest edition of de Schweinitz's "Diseases of the Eye" the reviewer is pleased to find a text-book which, while omitting none of the time-honored and proven methods of examination and giving fully an accurate and concise description of all the well-recognized eye diseases, brings out in addition short but clear accounts of a variety of ocular diseases and of new operative proceedings, not as yet to be found in other text books of ophthalmology. Of especial interest in this new material may be mentioned the accounts of anyphylactic keratitis, preliminary capsulotomy, iridodectomy, Knapp's methods of cataract extraction in the capsule and West's operation for the resection of the nasal duct. The revised chapter on iritis, embodying the author's experience with auto-toxic iritis and iritis secondary to focal infections, should be of interest not only to the ophthalmologist but to the internist and should be read by the latter especially. The roentgenologist will find in the section "Localization of Foreign Bodies in the Eyeball with the Rontgen Rays" by William Sweet, a full account, with excellent localization charts of this difficult and often ungrateful part of his work. The portion devoted to general optical principles, methods of examination and the methods of refraction is particularly pleasing in its clarity and in the systematic development of the material. The chapter on refraction especially should be read by the "rule of thumb" refractionist; unless too far gone it will abuse him of the conception of the eye as a rigid globe attached to unyielding cables and teach him a physiological consideration in refraction. Therapeutics is fully discussed. The usual absence of being told "what to do" is conspicuous by its presence. The pathological anatomy is discussed somewhat briefly but still clearly, in connection with each disease. One would like to see more of this but the confines of a teaching and practical text-book undoubtedly impose a limit. The inciting organisms of various lesions are discussed briefly in connection with each disease. Trachoma and sympathetic ophthalmia are fully and well presented. The reviewer feels that a short chapter on bacteria causing ocular lesions with a

consideration of their cultural and staining characteristics and a brief discussion of their relation to operative proceedings, would be gratefully received. deSchweinitz's "Diseases of the Eye" has for years been the standard text-book of the American student; the new edition will undoubtedly keep it so. It is clear, precise, systematic and covers the field as fully as such a field can be compressed into a usable text-book.

H. B.

The Medical Clinics of Chicago. Vol. 2, Number 1. July, 1916. Octavo of 220 pages, with 41 illustrations. Published bi-monthly by W. B. Saunders Company, Philadelphia and London. Price per year: Paper, \$8.00; cloth, \$12.00.

Contents.

- Clinic of Dr. Arthur R. Edwards:
The use of digitalis.
- Clinic of Dr. Frederick Tice:
Some cases of diabetes mellitus with complications.
Diabetes Mellitus with Acidosis.
- Clinic of Dr. Solomon Strouse:
Diabetes and surgery; diabetes and pregnancy.
The treatment of diabetes acidosis.
- Clinic of Dr. Milton Portis:
Vomiting.
- Clinic of Dr. Ralph C. Hamill:
Presentation of a case of general paresis.
Manic-depressive insanity or recurrent melancholia on a basis of dysthyroidism.
Peripheral neuritis on a specific basis.
A typical case of Basedow's disease.
- Clinic of Dr. Chas. L. Mix:
Staphylococcic osteomyelitis developing as a result of infection from teeth.
Presentation of a case of paraphasia.
- Clinic of Dr. Isaac M. Abt:
Feeding the normal baby. Breast feeding.
- Clinic of Dr. Chas. S. Williamson:
A mediastinal tumor—probably Hodgkin's disease.
Multiple tubercular serositis.
A case of bronchiectasis (unilateral).
Recurrent thrombo-ulcerative endocarditis.
A case of intermittent claudication.
A case of cerebrospinal meningitis.
- Contribution by Truman W. Brophy:
Oral Infections.
- Clinic of Dr. James T. Case:
The principles of fluoroscopy of the stomach.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. Volume V, Number 4 (August, 1916). Octavo of 222 pages, 50 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Published Bi-Monthly. Price per year: Paper, \$8.00; cloth, \$12.00.

Contents.

- Melanotic neoplasm in digastric muscle—ablation.
- Mixed tumor of parotid salivary glands—ablation.
- Bony ankylosis of temporomandibular joint—arthroplasty (3 cases).
- Retraction of eyeball, fascia-fat plastic on orbital contents.
- Trifacial neuralgia—avulsion of sensory root of Gasserian ganglion.
- Luxation of cervical spine at atlo-axoid joint—decompression.
- Traumatic recurrent subluxation of fourth lumbar vertebra—Albee bone graft spinal transplant.
- Tuberculosis of spine—Albee bone-graft spinal transplant; decompression.
- Fracture of humerus (anatomic neck) with loss of head—resection and arthroplasty.

Fracture of humerus (condyles) and radius (head)—resection—arthroplasty.

Ancient T-fracture of humerus—resection of elbow joint—arthroplasty.

Postscarlatinal arthritis of elbow—aspiration and formalin injection.

Tuberculosis of elbow—progress under tuberculin therapy with eventual cure.

Primary synovial tuberculosis of elbow-joint—resection—arthroplasty.

Cicatricial fixation of ulnar nerve from ancient cubitis valgus—release and transference of new site.

Ancient ununited fracture of radius—implantation of bone-graft-splint.

Ancient luxation of metacarpophalangeal joint—operative reduction.

Occult carcinoma of breast with metastases to cervical and mediastinal lymph-nodes, giving pressure signs—non-operative treatment.

Sarcoma of sternum—resection.

Series of 16 illustrations showing certain phases of gall-bladder surgery.

Biliary calculus impacted at ampulla of Vater; contracted gall-bladder—transduodenal choledochotomy; cholecystotomy.

Subperitoneal streptococcic cellulitis—talk on streptococcic infections.

Non-fusion of uterine segments of Mullerian ducts—hysteropexy of aplasic, unfused uterine strands.

Ureteral calculus—lumbar pyelolithotomy.

Sarcoma of ilium.

Ancient fracture of rim of acetabulum with displacement of head of femur.

Luxation of hip-joint.

Ancient bony ankylosis of hip-joint with excessive flexion-deformity.

Extensive trochanteric bursitis.

Bone-infections metastatic to furuncles.

Traumatic intramuscular ossification.

Addendum in re villous synovitis.

Diseases of the Digestive Tract and Their Treatment. By A. Everett Austin, A. M., M. D. 552 pages, with 85 illustrations, including ten color plates. C. V. Mosby Company, St. Louis, 1916. Price \$5.50.

This book sets out with two distinct advantages: it is written by a man who has had a scientific training, who has taught physiological chemistry; and secondly, it is new, it is not a revision in which the author must try to fit new facts into a wornout classification. We were not disappointed in our hope that the author's training would keep him from making so many of those loose statements that mar the average textbook. Those who have followed the record of the A. M. A.-Patten trial must have been impressed with at least one of the dangers of the textbook written (apparently) by a library assistant and signed by the professor.

Another result of the author's training is the inclusion of a good chapter on the physiology of digestion. One of the best features of the book is that so much of the subject matter has been treated in one place—Part I.—under the headings of General Diagnosis, Examination of the Patient, Dietetics and Treatment. It saves much repetition in the text of the next two parts, which deal with special diseases of stomach and intestine.

The book is well illustrated with reproductions of X-ray plates taken by Dr. George. Unfortunately, they are all reversed, which makes them rather trying to one who has become used to seeing the stomach on the right—with the patient facing him.

There are some points upon which we believe the author might be a little more up-to-date. For instance, (p. 38) when he says that it has not yet been determined whether there is antiperistalsis in the human colon, he should mention Case's article in which he says he has seen it definitely, so that

the reader can refer to it personally and decide for himself whether he will believe the evidence or not. He quotes Stiller's objection (p. 20) that the bismuth stretches the stomach out of shape and causes the ptosis, as if it were worthy of serious consideration, and not an interesting chapter in the history of medical "Stand-pat-ism." His statement (p. 49) that there is very little evidence that diseases of the digestive tract are in any way transmitted from parent to child is contradicted by the daily experience of every physician.

Although considerable space has been given to a discredited test like Salomon's, nothing is said about the newer methods of gastric analysis in which samples are taken repeatedly at short intervals. On the whole, however, the author is to be congratulated on having discarded some of the tests that encumber the average textbook. His pictures of stools are unfortunately modeled on Schmidt's work, and some of them do not resemble anything we have seen on land or sea.

We believe the space given to massage is largely wasted. A doctor can be better employed than in rubbing his patient's abdomen at so much per afternoon. For the same reason we object to the space given to electrical treatment. It is refreshing and unusual for the author to admit that "no actual scientific evidence exists for its action on the digestive tract." The man who, when he cannot make a diagnosis, gives the patient electricity for as long as he can hang on to him, is dulling his conscience and losing his soul.

He apparently thinks "nutrient" enemas are nutrient, as he does not mention much evidence recently obtained to the contrary. On page 311 he speaks of starving the patient so that his stomach "may be kept in a state of absolute rest." The author does not seem to have paid much attention to the now extensive literature on hunger contractions.

As usual, there are inconsistencies. In the article on hyperacidity he does well to quote the experimental work which has shown the futility of trying to affect the character of the gastric secretion by diet. Yet on page 386, he says "In arranging a diet, attention must be paid to the character of the gastric secretion"; and on page 331 he gives diet lists for dilatation with anacidity and dilatation with hyperacidity. Incidentally, we doubt if there is such a thing as dilatation and hyperacidity without ulcer or other organic disease.

His ideas on corsets are rather old-fashioned. The modern physician does not rail at them; he prescribes them and sees to it that they are helpful and properly fitted.

We believe he should add on p. 420 that Hormonal is exceedingly dangerous, irrational and now practically abandoned. We assume that the doctor has a wonderful digestion himself or he would not prescribe (p. 386) finnan haddie, salt mackerel, sardines, etc., for patients with gastric atony. On the whole, his diets are commendable and it is a delight to find a man who realizes the necessity for excluding cellulose.

He has freed himself to a considerable extent from the domination of a classification of diseases, but the idea crops out here and there. For instance, overfeeding is advocated for gastric atony but not mentioned for enteroptosis. Such distinctions are ridiculous. It seems surprising that a physiologist and practical internist should apologize as he does (p. 290) for saying a few words on diseases of the gall-bladder. It is a serious omission that they have been given barely half a page.

There are a number of statements made here and there which should be backed up by authorities. A few references have been given, but we believe more would add greatly to the value of the book.

So much for criticism. There are a number of features which deserve special commendation. One of the best of these is the series of short